

Must be received within 31
days of the qualified change
in status..

REIMBURSEMENT SPENDING ACCOUNT **MID-YEAR ENROLLMENT/CHANGE FORM**

This form must be received in the Benefits Office within 31 days of the qualified change in status in order to enroll or make a change in, or cancel, one or both Accounts.

Name: _____ Social Security Number _____

Sandia Organization: _____ Sandia Mail Stop: _____ Sandia Phone #: _____

Qualified Change in Status: _____ Date of Qualified Change in Status: _____

Reason for Change (explain why requested change is consistent with and on account of qualified change)

Important: Refer to the Reimbursement Spending Account Summary Plan Description <http://www-irm.sandia.gov/HR/Policies/Benefits/Health/rsa/> for definition and applicable criteria regarding qualified changes in status. The enrollment/change must be consistent with and on account of the qualified change in status.

I wish to enroll in, disenroll from, or change the following Reimbursement Spending Account(s):

Health Care Reimbursement Spending Account

☐

New Account

Annual Amount* _____

☐

Change to an existing account

Day Care Reimbursement Spending Account

☐

New Account

Annual Amount* _____

☐

Change to an existing account

* Enter the total new annual amount you desire for the **current** calendar year. For example, if you already are enrolled for \$100 in the Health Care Account but would like a new amount of \$500, write in "\$500." For the Day Care Account, if you want to terminate your Account, write in the word "terminate." If the amount is not evenly divisible by the remaining pay periods, the amount will be rounded to the closest amount to be evenly divisible.

By signing below, I am indicating that the above change in status did in fact occur on the date indicated and that I wish to make the above change(s) requested.

Employee

Signature: _____ Date: _____

If you have any questions, please call Deborah Jensen at (505) 844-8345.

Mail or fax completed form to MS 1022, (505) 844-0662 - Attn: Deborah Jensen

For Benefits Department Personnel only:

Received by:

Date:

Enrollment/Change Accepted:

Date:

Enrollment/Change Declined:

Date:

New Accounts Only - Date SPD Sent: